# **Electronic Workforce Reporting Forms Job Aid**

### **Electronic Set-Up Form** (see illustration on right)

When a contract with the Commonwealth to work on a construction project is executed:

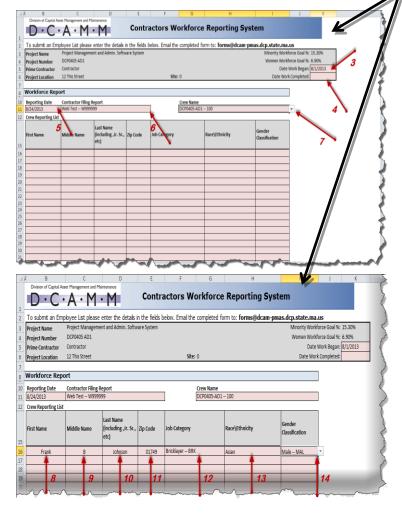
- General Contractor must submit a list of Sub-contractors to DCAMM for approval.
- After approval, DCAMM will send GC an electronic
   Workforce Employee Set-Up Form for each contractor.
- Contractors will set up crews working on the project using this form. (No workforce reporting can be done without first establishing the employee's connection to a crew.)
- The Excel Workbook form will be emailed to the General Contractor's Compliance Representative.
- Each contractor will receive their own form. Forms are not transferrable from one contractor to another.
- Each form is pre-populated with project and contractor information. (#1 and #2 on the illustration the right).

#### rision of Canital Asset Manager **Contractors Workforce Reporting System** $D \cdot C \cdot A \cdot M \cdot M$ To submit an Employee List please enter the details in the fields below. Email the completed form to: forms@dcam Minority Workforce Goal %: 15.30% Project Number DCP0405 AD1 Women Workforce Goal %: 6.90% Date Work Began: 7/1/2013 Prime Contractor 12 This Stree Workforce Report Crew Name Reporting Date Contractor Filing Report Crew Reporting Lis Last Name (including Sr., etc)

The Employee Set-Up Form

## Filling Out the Form (See illustration on the left)

- Open the Excel Workbook.
- Click in the Date Work Began field (#3 on the illustration on the left). Fill in the date work began on the project a date on reporting forms, using mm/dd/yyyy format. Click in the Date Work Completed field (#4).
- If the work is complete, fill in the date the work was completed. If it has not been completed, leave it blank. Click in the Reporting Date field (#5).
- The Reporting Date field holds the date the Employee Set-Up Form was prepared. Click in the Contractor Filing Report (#6).
- In Contractor Filing Report Field click on the down-facing arrow and select name of contractor. Click in the Crew Name Field (#7).
- In Crew Name Field click on the down-facing arrow and click on the appropriate crew name.
- Click in the First Name Field (#8). Enter the employee's first name.
- Click in the Middle Name field (#9). Enter the middle initial, middle name or leave the field blank.
- Click in the Last Name field (#10). Enter the employee's Last Name. If the employee has a generational suffix (Jr., Sr., III), enter a space after the last name and enter the suffix.
- Click in the Zip Code field (#11). Enter the *home* zip code of the employee.
- Click in the Job Category field (#12). Click on the down-facing arrow and choose the appropriate job classification for the employee. If the job category is not available, choose "Other". If you feel the category should be added to the list, contact the DCAMM Compliance Manager. (Continued on Page 2)



## Filling Out the Form (Cont.)

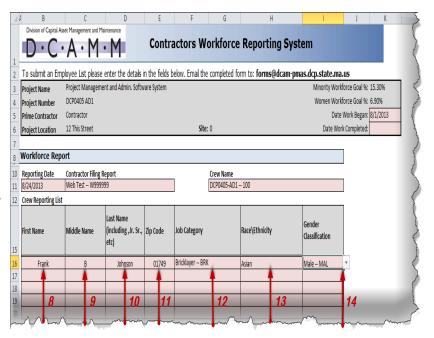
- Click in the Race/Ethnicity field. If the employee has self-identified their race/ethnic affiliation, select the appropriate group from the list. If they have not self-identified, the contractor may make a choice based on a visual survey or choose "other minority". (Please note that the employer can only make a choice based on a visual survey if the employee has been given an opportunity to self-identify and has chosen not to do so.)
- Click in the Gender Classification and click on the downfacing arrow. Choose the appropriate gender
- Continue entering the information for each crew member.
   If you need additional pages for more crew members,
   email your request to DCAMM at

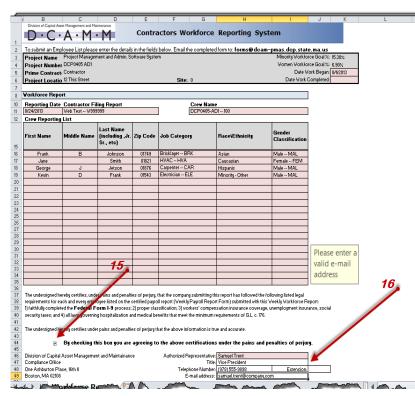
 $\frac{forms@dcam\text{-}pmas.dcp.state.ma.us}{Compliance reports.DCAMM@MassMail.State.MA.US} \ .$ 

- There may be more than one crew on a project. If so, submit one Employee Set-Up Form for each crew to DCAMM.
- After filling in the crew information, check for accuracy. If the form is ready to submit, go to the bottom and check the certification check box (#15) certifying the accuracy of the information.
- On the bottom right area of the form, click in the Account Representative field (#16). Enter your name as the individual filling out the form and your title. Enter your phone number unformatted (no parenthesis or hyphens).
- Enter your E-mail address.

### **Saving the Form**

- To save the form, click <File><Save As>. Save in a safe place so that this form may be accessed in the future.
- DO NOT save the form as a PDF. The PDF file format is not compatible with the Workforce Reporting System.
- Any changes to the crew, i.e., new additions to the crew, the new employee must be added onto the existing crew and the form containing the entire crew resaved and resubmitted to DCAMM.
- Until the employee information is submitted to DCAMM using this form, the employee will not be included on the Weekly Reporting Form.
- Submit the form by attaching the file to an email addressed to <u>forms@dcam-pmas.dcp.state.ma.us</u> <u>Compliancereports.DCAMM@MassMail.State.MA.US</u>
- Within a few days your Contractors Weekly Workforce Reports will be sent to you via email for each Employee Set-Up Form submitted.





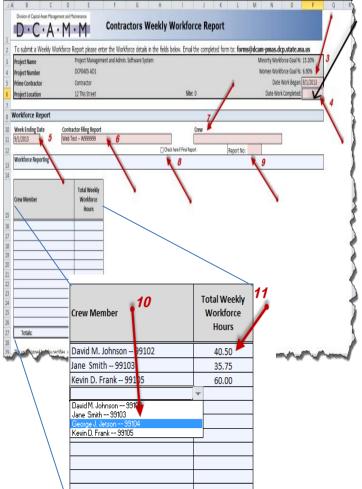
# **Electronic Workforce Reporting Forms Job Aid**

## Weekly Workforce Report Form

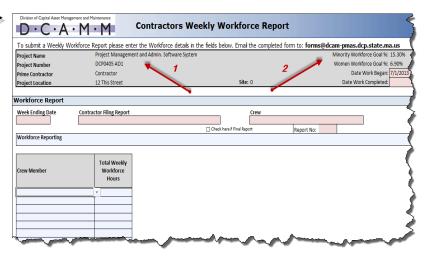
### **Weekly Workforce Report Form**

After the Employee Set-Up Form is submitted to DCAMM, contractors will receive the Contractor's Weekly Workforce Report Form via E-mail. This form is an Excel Workbook document and will be used by all contractors and subcontractors to report employee hours on a weekly basis.

- To be listed on the Weekly Workforce Report, employee information has to be submitted on the Employee Set-Up Form.
- The form will be pre-populated with the information submitted on the Employee Set-Up Form.
- Project and contractor information are pre-populated at the top of the Contractors Weekly Workforce Report (See #1 and #2 in illustration to the right).



136.25



### Filling Out the Form

- Click in the Date Work Began field (#3). As in the Employee Set-Up Form, you will enter the date that work began on the project.
   Enter it in the mm/dd/yyyy format.
- Click in the Date Work Completed field (#4). If the work is complete, fill in the date the work was completed. If the work is not complete, leave it blank. Click in the Week Ending Date field.
- The Week Ending Date (#5) holds the Contractor's payroll week ending date. Enter the date. Click in the Contractor Filing Report Field.
- The Contractor Filing Report Field (#6) has a drop-down menu. Click on the down-facing arrow and select the name of contractor. Click in the Crew Name Field.
- The Crew Name Field (#7) has a drop-down menu. Click on the down-facing arrow and select the appropriate crew name.
- #8 is a checkbox which designates the report is final. If this report is final, click the checkbox. If it is not the final report, leave it blank.
- The next field is Report No (#9). The contractor will create a sequential numbering system (i.e., 001) for this report. After creating the first report, the contractor will be able to use this report to create the next weeks report. To create the new report enter the next report number, make changes and save new file.
- Click in the Crew Member Field (#10). Click on the down-facing arrow, select the crew member you are reporting on from the list.
- Click in the Total Weekly Workforce Hours Field (#11) and enter the hours worked by the employee. Partial hours are entered in two place decimals.
- Enter hours for all employees who worked during this pay period.
   (Continued on Page 4)

Totals:

Crew Member	Total Weekly Workforce Hours	
David M. Johnson 99102	40.50	
Jane Smith 99103	35.75	
Kevin D. Frank 99105	60.00	
George J. Jetson 99104	40.00	
Totals:	176.25	
The undersigned hereby certifies, requirements for each and every 1) faithfully completed the Feders security axes; and 4) all laws gov	, under pains and penaltic employee listed on the c al Form I-9 process; 2) pr verning hospitalization an under pains and penaltie	es of perjury, that the company submitting this report has followed the following listed legal ertified payroll report (Weekly Payroll Report Form) submitted with this Weekly Workforce Report: oper classification; 3) workers' compensation insurance coverage, unemployment insurance, social d medical benefits that meet the minimum requirements of G.L. c. 176.  s of perjury that the above information is true and accurate.  to the above certifications under the pains and penalties of perjury.
The undersigned hereby certifies, requirements for each and every of faithfully completed the Federal recurity taxes; and 4) all laws gow The undersigned hereby certifies  By checking this	, under pains and penaltic employee listed on the c rad Form I-9 process; 2) pr verning hospitalization an under pains and penaltic is box you are agreeing t	ertified payroll report (Weekly Payroll Report Form) submitted with this Weekly Workforce Report: oper classification; 3) workers' compensation insurance coverage, unemployment insurance, social dimedical benefits that meet the minimum requirements of G.L. c. 176.  Is of perjury that the above information is true and accurate.  The other above certifications under the pains and penalties of perjury.
The undersigned hereby certifies, equiraments for each and every (1) faithfully completed the Federa ecurity laxes; and 4) all laws gove the undersigned hereby certifies  By checking this Division of Capital Asset Manager	, under pains and penaltic employee listed on the c rad Form I-9 process; 2) pr verning hospitalization an under pains and penaltic is box you are agreeing t	ertified payroll report (Weekly Payroll Report Form) submitted with this Weekly Workforce Report: oper classification; 3) workers' compensation insurance coverage, unemployment insurance, social dimedical benefits that meet the minimum requirements of G.L. c. 176.  Is of perjury that the above information is true and accurate.  The other above certifications under the pains and penalties of perjury.  Authorized Representative: Samuel Trent
The undersigned hereby certifies, requirements for each and every at faithfully completed the Feders security taxes; and 4) all laws gover the undersigned hereby certifies	, under pains and penaltic employee listed on the c rad Form I-9 process; 2) pr verning hospitalization an under pains and penaltic is box you are agreeing t	ertified payroll report (Weekly Payroll Report Form) submitted with this Weekly Workforce Report: oper classification; 3) workers' compensation insurance coverage, unemployment insurance, social dimedical benefits that meet the minimum requirements of G.L. c. 176.  Is of perjury that the above information is true and accurate.  The other above certifications under the pains and penalties of perjury.

## Filling Out the Form (Continued)

- After completing the employee work hours, check for accuracy.
- When ready to submit the form, check the certification check box (#12).
- Click in the Authorized Representative field; fill in the name of the individual preparing this report and their title.
- Click in the Telephone Number field and enter the telephone number unformatted (no hyphens or parenthesis).
- Click in the E-mail address of the person preparing the report.

## **Saving and Submitting the Contractors Weekly Workforce Report**

- When finished, save the report using <File>, <Save-As> to create a new report file.
- Send the report via email to DCAMM at

<u>forms@dcam-pmas.dcp.state.ma.us</u> Compliancereports.DCAMM@MassMail.State.MA.US

## **General Contractor's Approval Process**

- After the Contractors Weekly Workforce Report is submitted to DCAMM, an email will be received by the General Contractor that the Weekly Workforce Report has been received.
- If you are a General Contractor with approval responsibilities, please download the Approval Process Job Aid on this web page.